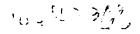
PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number



CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			14				1	RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	🕽 mii	nus 3 =	*			X42=		OR	X84=	
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less th				han zero, enter "0" in column 2				TOTAL	から	OR	TOTAL	
	C	LAIMS AS A	MENDED - PART II					<u> </u>			OTHER THAN	
	· · · · · · · · · · · · · · · · · · ·	(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colur		(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME.	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		۱ ا	+140=		OR	+280=	
	1-14							TOTAL			TOTAL	
	,							ADDIT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS		(Colui		(Column 3)	1 .					
ENT B		REMAINING AFTER AMENDMENT		NUM	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	i	OR	+280=	
								TOTAL	-		TOTAL	
ĺ			ADDIT. FEE I		4	ADDIT. FEE						
		(Column 1) CLAIMS		HIGH	mn 2) HEST	(Column 3)	1 г		ADDI-		F	ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT	:	PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***		=]	X42=			X84=	
الــُـــ	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT		T CLAIM] }			OR		
	If the entry in colu	mn 1 is less than t	he entry in ect	ıma 2 samile	o "O" in ca	olumn 2		+140=		OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Nun	nber Previously Pa	id For" (Total o	r Independ	າວ ເຮວຣ ເກລ dent) is th	an 3, enter 3. e highest numbe	er fou	and in the ap	propriate bo	x in co	lumn 1.	